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ABSTRACT

The services and activities performed by child psychiatrists and child psychologists who engage in private practice are described. Three types of psychotherapy (child focused, family focused, and marital discord focused) are presented as representation of the approaches utilized by professionals who work with children and families. A critique of the current practice which relies on psychiatric evaluations and psychological reports in assessing developmental disorders is seen to support the notion that parental interviews are a necessary ingredient for the diagnostic process. The need for more meaningful communication between individuals in private practice and community institutions is emphasized particularly with regard to providing comprehensive and integrated services for troubled children and families. (Author/SBH)

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THE PRIVATE CLINIC: HELP FOR THE TROUBLED CHILD AND FAMILY

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ABSTRACT

The services and activities performed by child psychiatrists and child psychologists who engage in private practice were described. Three types of psychotherapy: "The child is the focus of therapy", "The family is the focus of therapy", "The marital discord is the focus of therapy", were presented as representation of the approahces utilized by professionals who work with children and families. A critique of the current practice which relies on psychiatric evaluations and psychological reports in assessing developmental disorders supported the notion that parental interviews are a necessary ingredient of the diagnostic process. The need for more meaningful communication between individuals in private practice and community institutions was emphasized especially with regard to providing comprehensive and integrated services for troubled children and families.

The purpose of this paper is to describe the services and activities performed by child psychologists and child psychiatrists who are in private practice.* The discussion will include an analysis of the issues involved when attempts are made to integrate the various interventions being provided by professionals who work with children and families.

Psychotherapy: Even though the research has not effectively demonstrated that psychotherapy with children produces any change other than might occur when the child is left alone (Levitt, 1971), people continue to ask for advice and help, and professionals working with children continue to make decisions and recommend courses of action. The vast majority of children are brought to the child psychologist or psychiatrist, by distraught parents who are looking for someone to help them understand and deal more effectively with their child's behavior. Although many parents seek help for the child, not all of the child's difficulties can be understood apart from the family system. The method of treatment will vary according to the specific needs of each child within its proper family system.

To clarify the kind of treatment offered by professionals in a Private Clinic, three general types of psychotherapy can be identified:

(1) The child is the focus of therapy. In those cases where the maladaptive behaviors of the child are related to his inability to cope with the demands of his environment, the therapist attempts to modify the

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*Based on interviews with 12 child psychiatrists and 12 child psychologists.

maladaptive patterns which were learned as a response to stressful or threatening situations. The aim is to help the child learn to deal more effectively with the demands of his environment by creating within the therapeutic relationship, the opportunity for corrective emotional experience.

Usually the child participates in therapy one, two or three times each week, depending on the needs of the child and the goals of the therapist. In individual psychotherapy the focus is the child and the emphasis is on the child's relationship with the therapist as a unique interpersonal encounter. Some children can derive more benefit from group therapy, as when the aim is to establish and reinforce more appropriate social behaviors. Through peer interactions, the child learns to develop emotional and social responses which will enable him to develop the competencies he needs to function in a variety of social settings.

Although the focus is on the child, parents are also involved in counseling, individually or in parent therapy groups. In order to help parents deal with negative attitudes which might have developed in response to the child, or to help them modify behaviors which might have contributed to the child's difficulties in gaining self assurance and mastery over the environment, the therapist will meet with the parents on a regular basis while the child is involved in individual or group psychotherapy.

(2) The family is the focus of therapy. In those families where the troubled child serves as a symptom of family dysfunction, many therapists will meet with all members or if not all, the most significant members of the family.

For example, a seven year old boy was referred to a private clinic for evaluation and treatment because he appeared extremely anxious and refused to attend school. When the interview with his parents revealed that his mother had entered the hospital several times, and had undergone surgery for the removal of malignant tumors, it was decided that family sessions might prove beneficial. Each member was asked to give his perception of the family's problem. The boy's older sister began by revealing her concerns over her mother's health. This led to an open discussion where each member in turn expressed concern and received support from other family members.

The goal of family therapy is to alleviate anxiety and help the family to become functional so that they can communicate thoughts and feelings to each other. Although the presenting concern of the parents was the school refusal of their seven year old boy, it was the stress within the family system that precipitated the symptom of the family dysfunction. It was their ability to engage in meaningful communication that reduced the tension and enabled family members to function without intense anxiety.

(3) Marital discord is the focus of therapy. All too frequently the troubled child is reacting to stress brought about by continual conflicts between husband and wife. At times the child is referred for professional help as a guise for an unhappy, depressed parent who is disappointed with the marriage and the family relationships.

The resolution of parental conflicts becomes the goal of therapy, and the child usually does not become involved in individual therapy unless it is for the purpose of alleviating the sense of guilt and anxiety that are frequently counterparts of a conflictual marital relationship when stress is projected on to the child.

Psychiatric and Psychological Assessment: The child psychologist and psychiatrist in a private clinic are frequently called upon to give an opinion regarding the identification or severity of various disorders in development. Referrals for psychological evaluations and psychiatric assessments are made by a number of community institutions. In spite of the risks involved, information derived from these reports can prove a valuable supplement to the data gained from other sources in establishing goals and developing treatment plans.

A valuable contribution to the assessment process and treatment planning, occurs through the initial interview and interpretative conference with the parents. The gathering of information and presentation of findings and recommendations, are considered by most clinicians in private practice to be crucial phases in the establishment of therapeutic alliance and motivation for parents to follow through with recommendations.

Consultation: One of the major difficulties encountered in the establishment of comprehensive services which integrate the efforts of a number of institutions or individual specialists, seems to involve the diversity of views among professionals as to the nature of the child's needs and the most effective manner of proceeding to remediate those dificiencies.

While the approach taken by educational institutions has recognized the need for psychoeducational planning and behavioral interventions for the emotionally disturbed child, there has not always been sufficient emphasis placed on the need for individual and family psychotherapy. Even though the research on emotional and social maladjustment of children has established the causative relationship to the dysfunctional family system (Martin, 1975), the importance of involving the family in therapy has frequently been overlooked. The attitude prevails that the child's needs are met when he is placed in a classroom for emotionally disturbed children. Likewise, many psychotherapists in private practice do not always recognize the impact of the learning situation to the emotional security and self-esteem of the child who is experiencing educational difficulties because of intense anxiety related to emotional conflicts. A comprehensive approach should include educational and behavioral interventions which are integrated with the deeper emotional aspects involving the child and his family.

To facilitate communication between professionals in a private clinic and community institutions more opportunities for consultation on individual children are needed especially when this involves the coordination of individual and family therapy with other interventions. Many psychologists and psychiatrists would welcome the opportunity for more frequent professional interaction with members of community institutions by attending team staffings, participating in conferences,

and inservice training programs. Likewise, private clinics are becoming more sensitive of the need to provide opportunities for staff of community institutions to become involved in training and educational programs. Many such programs have already been developed by individual clinics, and the trend has been toward greater community participation and mutual involvement.

Conclusion: This paper has attempted to present a general description of the activities: psychotherapy, assessment, consultation, engaged in by psychologists and psychiatrists who are in private practice or associated with a private clinic. Although no specific practice or clinic was mentioned, the activities are similar, and are meant to describe typical services provided to children and families.

Finally, there needs to be a conserted effort on the part of community institutions as well as professionals in private practice to work toward a comprehensive and integrated approach to the troubled child and family.

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